

**EMPLOYEE ACKNOWLEDGEMENT FORM
ELIGIBILITY TO PARTICIPATE IN 403(b) RETIREMENT PLAN**

I acknowledge that I have received notification of my eligibility to participate in Tazewell County Public Schools 403 (b) Plan by making voluntary payroll contributions. I understand that I can submit a Salary Reduction Agreement (SRA) to the Payroll Office at any time and that the requested salary reduction will begin at the first payroll period following receipt of a properly executed Salary Reduction Agreement. I also understand that I must establish a 403(b) annuity contract or 403(b) (7) custodial account application with an approved plan vendor to receive my salary reduction contributions.

Name (print): _____

Signature: _____

Date: _____

Tazewell County Public Schools has no liability for any employee's election to participate in the 403(b) plan, choice of 403(b) vendor(s), or expected tax consequences resulting from participating in the 403(b) plan. Tazewell County Public Schools does not provide tax, legal or investment advice and recommends that employees seek advice from professionals who specialize in these areas.